

DIVISION OF REVENUE AND TAXATION COMMONWEALTH GOVERNMENT OF THE NORTHERN MARIANA ISLANDS



GAMING MACHINE JACKPOT TAX MONTHLY WITHHOLDING RETURN

(Please Type or print in ink)	(See reverse side of this form for instructions)		Page	of	20	DLN
A.1. Taxpayer's Name				B. Taxpayer's Io	dentification Number	·(TIN)
A.2. Doing Business As				C. Month Ende	d	
A.3. Mailing Address		D. Owner/Operator Certificate Number				
A.4. Telephone Number			E. Number of Continuation Sheet(s) Attached			
F. Payee's U.S. Social Security No.	G. Payee's Other Identification	LAST	H. Payee's Name FIRST	MIDDLE	I. Amount of Winnings	J. Taxes Withheld
				••••••		
K. TOTALS FROM CONTINUAT	ITON SHEET					
L. GRAND TOTAL	um (and in the stimution of an end				_	
M. Penalty - Failure to file retu					X -	
N. Penalty - Failure to pay taxO. Interest (see instructions of		sue)			X	
P. TOTAL DUE (add lines L th						
LI TOTAL DOL (aud lines L th						

DECLARATION: Under the penalties of perjury, I declare that this return is, to the best of my knowledge and belief, true and correct.

Name (Typed) and Signature			Title				Date	
PAID PREPARER'S Preparer's Signature: Da		Date:		Preparer's SSN:		TIN:		
USE ONLY	Firm's Name		Mailing Address					
FOR			FOR OFFICIAL US	FOR OFFICIAL USE ONLY				
Account No:		Account No:		Account No:		Account No:		
Amount: Amount:		Amount:	ount: An		Amount:		Amount:	
DATE PAID:		RECEIPT NO:		Receiv	ed By:	POST MA	ARK:	
VERIFIED BY:		INPUT BY:		INPUT BY:				
Form: OS - 370	05G (Rev. 9/2007)					NOTE: T	his revision is effective June 10, 2005	

Instructions for Gaming Machine Jackpot Tax Monthly Withholding Return:

- A.1. Enter the taxpayer's name.
- A.2. Enter the name under which the taxpayer does business.
- A.3. Enter the mailing address of the taxpayer's place of business.
- A.4. Enter the local telephone number of the taxpayer's place of business.
- B. Enter the taxpayer's identification number.
- C. Enter the month for which the withholding are being reported.
- D. Enter the owner or operator's poker machine certificate number. Do not list the serial numbers of each of the poker machines.
- E. List the number of continuation sheets attached to the Form OS-3705G.

F. Enter the winner/payee's U.S. Social Security Number. If the winner/payee has not been issued a U.S. Social Security Number, see instructions below.

G. Enter an alternate form of identification. For example, you may enter the passport number, military I.D. number, etc. Enter the number on the identification and the source. For example, if the individual has not been issued a U.S. Social Security Number but does have a passport issued by Japan, you should enter the passport number and indicate it was issued by the country of Japan. If the identification is a driver's license, enter the issuing county and number, i.e., Guam D.L. 01011-95.

- H. Enter the winner/payee's last, first, and middle names.
- I. Enter the amount of gross winnings the winner/payee won before deduction for any tax withheld.
- J. Enter the amount of Gaming Machine Jackpot Tax withheld from the winner/payee's jackpot winnings. A tax of 30% is levied on all jackpot winnings of \$1,000 or over.
- K. Enter the total amount of gross winnings and withholdings on all attached continuation sheets in columns I and J.
- L. Enter the total amount of jackpot winnings paid during the month and the total amount of taxes withheld from such jackpot winnings from Form OS-3705G and continuation sheets.

M. If you fail to file the Gaming Machine Jackpot Tax Monthly Withholding Return on or before the due date, you are subject to a penalty in the amount of 5% of the tax for every month or fraction thereof elapsing between the due date of the return and the date on which it is actually filed, not exceeding 25% in the aggregate. If the failure to pay penalty becomes applicable, the 5% failure to file penalty shall be reduced by 1/2 of 1%.

N. If you fail to pay the Gaming Machine Jackpot Tax Monthly Withholding Return on or before the due date, you are subject to a penalty in the amount of 0.5% of the amount of such tax with an additional 0.5% for every month or fraction thereof during which nonpayment occurs.

- O. In addition to any penalties imposed, you are subject to an interest charge as provided under the NMTIT on all unpaid taxes and penalties.
- P. Add lines L through O under Column J. This is the amount that must be remitted with this return. If payment is made other than by cash, make the check or money order payable to "CNMI Treasury".

NOTE: The due date of this return and all required payment is the tenth (15th) day of the month following the month in which the winnings and withholdings were made. If filing by mail, send the return and payment to:

Division of Revenue and Taxation Post Office Box 5234 CHRB Saipan, MP 96950